

ARIZONA DEPARTMENT OF PUBLIC SAFETY

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(602) 223-2000

"Courteous Vigilance"

JANICE K. BREWER ROGER VANDERPOOL
Governor Director

CONCEALED-WEAPONS FIREARMS-SAFETY INSTRUCTOR APPLICATION

| NAME (LAST, FIRST, MI) | COUNTY | | | | | |
|--|--------------------------------------|--------------------------|---------------|--------------|--|--|
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| RESIDENCE ADDRESS | | CITY | STATE | ZIP CODE | | |
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| MAILING ADDRESS | | CITY | STATE | ZIP CODE | | |
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| SOCIAL SECURITY NUMBER | HOME PHONE | WORK PHONE | Ē | EXT | | |
| (OPTIONAL) | | | | | | |
| ORIGIN/RACE | | GENDER (CIRC | CLE) HEIGHT | WEIGHT | | |
| American Indian / Alaskan Na | , | , | | | | |
| Asian / Pacific Islander (A) | ☐ Hispanic/ White (W | , | ~ | | | |
| | ` , | ATE OF BIRTH | | ACE OF BIRTH | | |
| | Bald Brown Sandy Black Gray White | | (5) | TATE) | | |
| | Black Gray White Blonde Red | | | | | |
| TRAINING ORGANIZATION NAM | | | RGANIZATION N | IIMDED | | |
| TRAINING ORGANIZATION NAI | VIL. | | .GANIZATION N | OWIDEIX | | |
| ORGANIZATION PHONE NUMB | ED DESDONSIDI | EDADTY (LA | OT FIDET MIX | | | |
| ORGANIZATION PHONE NUMBER RESPONSIBLE PARTY (LAST, FIRST, MI) | | | | | | |
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| Answer "Yes" or "No" to each qu | estion below: | | | | | |
| Yes No | | | | | | |
| Are you a United States citizen born in the U.S. or one of its territories? If NO, provide a copy of your Permanent | | | | | | |
| Resident Alien Card (front and back). You must also submit a copy of a government issued photo ID and proof of 90 days consecutive residency. | | | | | | |
| | | | | | | |
| Are you a United States citizen born in a country other than the United States or any of its territories? If YES, provide a copy of your legal documentation proving you are lawfully present in the United States. | | | | | | |
| Are you currently under indictment for a felony offense or arrest? If YES, you do not meet the requirements for obtaining | | | | | | |
| an instructor certification. | | | | | | |
| Have you ever been convicted of a felony offense? If convicted, the conviction must be expunged, set aside, vacated, or | | | | | | |
| pardoned; or you must have your civil rights restored to be considered for authorization. You must not be a prohibited | | | | | | |
| possessor under state or federal law. | | | | | | |
| Are you currently under indictment for or been convicted of a misdemeanor crime of domestic violence? If convicted, you | | | | | | |
| must have the conviction set-aside, vacated, or expunged; or receive a pardon for the crime to be considered for authorization. | | | | | | |
| | | | | | | |
| Have you been dishonorably discharged from the United States Armed Forces? | | | | | | |
| Do you suffer from mental illness and have been adjudicated as mentally incompetent or committed to a | | | | | | |
| mental institution? | | | | | | |
| Do you meet the training instructor criteria listed under Firearms Safety Training eligibility (AAC R13-9-307)? | | | | | | |
| I attest that, to the best of my knowledge, all answers on this application are true. I understand that I may be subject to criminal | | | | | | |
| prosecution for falsification or misrepresentation of any document provided to DPS in the application process. I understand that falsification or misrepresentation is grounds for denial or revocation of instructor authorization. | | | | | | |
| raisincation of misrepresentation is g | | instructor authorization | | | | |
| Applicant Signature Date | | | | | | |
| | | | | | | |

Application Instructions for **DPS CCW Firearms-safety Instructor** September 2008

This application is for instructor-applicants who do not possess a CCW permit and do not want to apply for a CCW permit or were previously issued a permit and now request authorization as a firearms-safety instructor.

- 1. Submit current documentation showing completion of one of the following firearms-safety training instructor programs:
 - o Arizona Basic Police Firearms Instructor training provided by Arizona Police Officer's Standards and Training Board.
 - o Police Firearms Instructor Development School provided by the NRA.
 - o Law Enforcement Security Firearms Instructor Development School provided by the NRA.
 - o Pistol Instructor and Personal Protection inside the Home Instructor provided by the NRA.
 - o Law Enforcement Tactical Handgun Instructor provided by the NRA.
 - o Law Enforcement handgun / Shotgun Instructor provided by the NRA.
 - o Law Enforcement Tactical Shooting Instructor provided by the NRA.
 - o Firearms Instructor Training Program provided by a federal law enforcement agency.
- 2. A certificate of completion of the 8-hour DPS-approved CCW class obtained within the last five years from an authorized firearms-safety training organization.
- 3. Complete and sign the reverse side (or page one) of application.
 - a. Disclosure of social security number is not required. However, failure to disclose the social security number may delay the processing of your application.
- 4. Submission of fingerprints is required of all initial firearms-safety instructor applicants. DPS does not provide fingerprint services. However, fingerprint services may be available at your local law enforcement agency or through a private fingerprint service.
 - a. Fingerprint data is transmitted electronically to the FBI for processing. If the FBI is unable to process the images, the Concealed Weapon Permit Unit will mail a reject notice, blank fingerprint card and pre-addressed return envelope to the instructor-applicant requesting submission of a second fingerprint card. The application process will not be completed until the second fingerprint card is received and processed.
 - b. To avoid fingerprint processing delays, have fingerprints taken electronically or, if using an ink & roll service,
- submit two fingerprint cards with the initial application.
- 5. Mail the completed application, completed fingerprint card and \$24.00 fee to: DPS Instructor Program

P.O. Box 6488

Phoenix, AZ 85005-6488

6. Acceptable forms of payment include money order, cashier's check or certified check, made payable to AZ DPS. Personal checks, cash, credit/debit cards are not accepted. Fees are non-refundable.

The department shall not authorize an individual as a firearms-safety instructor if the individual:

- 1. Has been convicted of a felony unless;
 - a. the conviction has been expunged, vacated, set aside, pardoned or the individual's civil rights have been restored; and
- b. the individual is not currently a prohibited possessor under state or federal law. or
- 2. Has a history of behavior that DPS determines is contrary to the safe and lawful use of a firearm.

Once DPS has completed processing the application, and DPS has determined the applicant meets the requirements:

- · An authorization notice will be mailed to the instructor. The notice will contain the instructor number and the number for the training program the instructor is teaching.
- These numbers must be entered on all future firearms-safety certificates of completion.
- · A current version of the approved lesson plan(s) will be provided.

Authorization as a firearms-safety instructor is valid for five years from the date of approval. If the authorization of a firearms-safety instructor expires, the former firearms-safety instructor shall immediately stop providing firearms-safety training. The former firearms-safety instructor may apply again for authorization under R13-9-308.

To ensure timely communication from the Department, an authorized firearms-safety instructor shall provide notice to the Department within 10 days after a change of address or contact telephone number. If mail from the Department to an authorized firearms-safety instructor is returned to the Department because it is undeliverable, the Department shall administratively suspend the firearms-safety instructor's authorization until the firearmssafety instructor submits updated information.

CERTIFICATE OF COMPLETION OF 8-HOUR DPS-APPROVED TRAINING CLASS

| TRAINING PROGRAM NUMBER | INSTRUCTOR NUMBER | ORGANIZATION NUMBER | | | |
|--|-------------------|----------------------------|--|--|--|
| As a DPS-authorized Firearms-safety Instructor, I certify that | | | | | |
| Training location(s): Classroom City, State City, State | Qualification | | | | |
| Instructor name: (Print) | Bus. Ph | one: | | | |
| Instructor Signature: | Date: | (Affix stamp or seal here) | | | |